

SEND COMPLETED

FORM TO:

The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency



RCRA SUBTITLE C SITE IDENTIFICATION FORM

1. Reason for
Submittal
(See Instructions
on page 13.)

MARK ALL BOX(ES)
THAT APPLY

Reason for Submittal:

- ☒ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report

2. Site EPA ID
Number (page 14)

EPA ID Number

NYR 000 169 383

3. Site Name
(page 14)

Name:

DAVID E. FRICK / D.E. FRICK TRUCKING

4. Site Location
Information
(page 14)

Street Address: 93 BRIDGE ST.

City, Town, or Village: SELKIRK

State: NY

County Name: ALBANY

Zip Code: 12158

5. Site Land Type
(page 14)

Site Land Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

6. North American
Industry
Classification
System (NAICS)
Code(s) for the
Site (page 14)

A.

484220

B.

C.

D.

7. Site Mailing
Address
(page 16)

Street or P. O. Box: 93 BRIDGE ST.

City, Town, or Village: SELKIRK

State: NEW YORK

Country: USA

Zip Code: 12158

8. Site Contact
Person
(page 16)

First Name: DAVID

MI: E.

Last Name: FRICK

Phone Number: 518 767-2902 Extension:

Email address: DFRICK10@AOL.COM

9. Operator and
Legal Owner
of the Site
(pages 15 and 16)

A. Name of Site's Operator:

DAVID E. FRICK

Date Became Operator (mm/dd/yyyy):

06/09/1969

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Legal Owner:

DAVID E. FRICK

Date Became Owner (mm/dd/yyyy):

06/09/1969

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

Called 10/14 & 10/15 spoke to Mr Frick he
fax complete page 1 & 2 of app.
Called 10/21/09 at 3:27 pm
left message with number on voicemail. Hm

EPA ID NO: _____

OMB#: 2050-0028 Expires 06/30/2009

9. Legal Owner (Continued) Address	Street or P. O. Box: 93 BRIDGE ST.	
	City, Town, or Village: SELKIRK	
	State: NEW YORK	
	Country: USA	Zip Code: 12158

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

☐ ~~YES~~ ☒ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

☐ ~~YES~~ ☒ d. United States Importer of Hazardous Waste☐ ~~YES~~ ☒ e. Mixed Waste (hazardous and radioactive) Generator☒ ~~YES~~ ☐ 2. Transporter of Hazardous Waste☐ ~~YES~~ ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note: A
hazardous waste permit is required for this
activity.☐ ~~YES~~ ☒ 4. Recycler of Hazardous Waste (at your
site)☐ ~~YES~~ ☒ 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark each that applies.

- ☐ a. Small Quantity On-site Burner
Exemption
- ☐ b. Smelting, Melting, and Refining

☐ ~~YES~~ ☒ 6. Underground Injection Control

B. Universal Waste Activities

☐ ~~YES~~ ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) (refer to your State regulations to
determine what is regulated). Indicate types of universal
mark all boxes that apply:Manage

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

☐ ~~YES~~ ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

☐ ~~YES~~ ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.

- ☐ a. Transporter
- ☐ b. Transfer Facility

☐ ~~YES~~ ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.

- ☐ a. Processor
- ☐ b. Re-refiner

☐ ~~YES~~ ☒ 3. Off-Specification Used Oil Burner☐ ~~YES~~ ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

- ☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 21.)

THIS APPLICATION IS FOR TRANSPORTER ONLY, NO SPECIFIC SITE.

DAVID E. FRICK

93 BRIDGE ST.

SELKIRK, NH 12158

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
David E. Frick	DAVID E. FRICK, OWNER	10-09-09

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**8. Site Contact
Person
(page 15)**

First Name:

MI:

Last Name:

Phone Number:

Extension:

Email address:

**9. Operator and
Legal Owner
of the Site
(pages 15 and 16)**

A. Name of Site's Operator:

Date Became Operator (mm/dd/yyyy):

Operator Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Legal Owner:

Date Became Owner (mm/dd/yyyy):

Owner Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

Called 10/14/09 & 10/15/09 on last date spoke to me Frank he
Completed all sections of the application & (res attached) (mg)

9. Legal Owner (Continued) Address	Street or P. O. Box:	
	City, Town, or Village:	
	State:	
	Country:	Zip Code:

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activity.☐ ~~N~~ ☒ 4. Recycler of Hazardous Waste (at your
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If "Yes", mark each that applies.☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining☐ ~~N~~ ☒ 6. Underground Injection Control**B. Universal Waste Activities**☐ ~~N~~ ☐ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
mark all boxes that apply:Managea. Batteries ☐b. Pesticides ☐c. Mercury containing equipment ☐d. Lamps ☐e. Other (specify) _____ ☐f. Other (specify) _____ ☐g. Other (specify) _____ ☐☐ ~~N~~ ☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

☐ ~~N~~ ☐ 1. Used Oil Transporter

If "Yes", mark each that applies.

☐ a. Transporter☐ b. Transfer Facility☐ ~~N~~ ☐ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.☐ a. Processor☐ b. Re-refiner☐ ~~N~~ ☐ 3. Off-Specification Used Oil Burner☐ ~~N~~ ☐ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

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Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the
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DAVID E. FRICK

93 BRIDGE ST.

SELKIRK, NY 12158

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
David E. Frick	DAVID E. FRICK, OWNER	10-09-09



Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/02/2009

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NYR000169383
INSTALLATION NAME:	D E FRICK TRUCKING
INSTALLATION ADDRESS :	93 BRIDGE ST SELKIRK, NY 12158
MAILING ADDRESS :	93 BRIDGE ST SELKIRK, NY 12158

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437

TO: D E FRICK TRUCKING
or Current Occupant
ATTN: DAVID FRICK
93 BRIDGE ST
SELKIRK, NY, 12158